

The Orders Of St. John Care Trust

Edwardstow Court Care Centre

Inspection report

Edwardstow Court
Fosseway, Stow On The Wold
Cheltenham
GL54 1FG

Tel: 07824695098
Website: www.osjct.co.uk

Date of inspection visit:
16 January 2019

Date of publication:
12 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Edwardstow Court Care Centre is a 'care home'. Edwardstow Court Care Centre opened in 2018 and can accommodate 48 people. At the time of our inspection 20 people aged 65 and over lived at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People told us they felt safe; there were arrangements in place to protect them from potential abuse, discrimination and harm.
- People told us their health needs were met; health risks were identified and addressed and people had access to professionals who could support these needs.
- People's medicines were managed safely and were available as prescribed.
- People told us there were enough staff to help them; staff were recruited safely and provided with training and support to work safely.
- People spoke highly of the care and compassion shown to them; they were treated with dignity, as individuals and their privacy was maintained.
- People told us they were supported to be independent and received explanations which helped them to make their own decisions.
- People unable to make independent decisions were protected from decisions which may not be in their best interests.
- People told us they had opportunities to make choices and express a view; people's care was planned and delivered around their personal preferences.
- People's representatives told us they were made welcomed and supported to be involved in their relatives' care; where appropriate, they could act as an advocate for their relative.
- People told us there were opportunities for them to join in social and recreational activities and to remain part of the local community; staff protected people from the risk of isolation and disengagement from the wider community.
- People told us the environment they lived in met their needs and was comfortable; they had access to equipment which supported their needs, infection control measures were in place and the home was kept clean and safe.
- People and relatives told us that any areas of concern or dissatisfaction were addressed immediately; a complaints process was in place and managers were open to feedback which could be used to improve the service overall.
- People and their relatives knew who the managers of the home were; managers and senior staff were visible, approachable and involved in people's day to day care.
- Quality monitoring processes ensured the service complied with necessary regulations and where needed, led to improvements which ensured people received a quality service.

All the feedback we received about the service from people and their representatives was positive. The service met the characteristics of 'Good' in all areas; more information is in the full report.

Rating at last inspection:

- ☐ This was the service's first inspection; there has been no previous rating.

Why we inspected:

- ☐ We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection following the service's registration with the Care Quality Commission in March 2018.

Follow up:

- ☐ We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Edwardstow Court Care Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

There were two inspectors and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service; in this case experience of caring for an older person.

Service and service type:

Edwardstow Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service specialises predominantly in the care of older people but also provides support to people who live with dementia, a sensory loss and a physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the site visit: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

During the site visit: We spoke with seven people who used the service and eight visitors, six who were relatives. We spoke with 14 members of staff. This included the deputy manager, area operations manager, three care leaders, the falls lead, activities co-ordinator, activities support worker, and three care assistants, maintenance person, head chef and head housekeeper.

We reviewed people's medicine administration records and five people's care records. We reviewed three staff recruitment files, a selection of training certificates and the home's staff training record. We also reviewed records relating to the management of the service; these included audits relating to care records, medicines management, health and safety and maintenance, incident and accidents and infection control. We reviewed the provider's last quality monitoring report and progress on its subsequent action plan. We reviewed complaints records. We attended a head of department meeting which is held each day.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- ☐ The provider's safeguarding policy and procedures and those of the local authority were adhered to. Staff reported safeguarding concerns appropriately and shared relevant information with agencies and professionals who have responsibilities to safeguard people from abuse. Staff had received safeguarding training.
- ☐ The provider's policies and procedures, for example, those relating to care and staff recruitment were in line with the Equality Act 2010. Staff had received training on equality and diversity. People and staff were not discriminated against and any form of discrimination was not tolerated. Everyone was treated equally irrespective of their diverse needs and preferences.

Assessing risk, safety monitoring and management.

- ☐ Risks to people, visitors and staff were identified and managed in order to reduce these or remove them altogether. For example, safe working systems were in place; we observed warning signs in use when floors were washed and staff had been trained to assist people to move safely.
- ☐ The home's environment was well maintained and regular servicing took place of the home's utilities, safety systems and equipment.
- ☐ People's health risks, such as the development of pressure ulcers, loss of weight, falls and choking were assessed and action taken to reduce these. For example, people were referred to speech and language therapists to have their swallowing assessed, to community nurses for pressure related skin assessments, to physiotherapists for mobility assessments and their weight and appetite was monitored.

Preventing and controlling infection.

- ☐ People lived in a home which was cleaned well and where infection control measures were in place. One person said, "This is a very, very good place, it is a lovely place, it is always clean".
- ☐ Preventative control actions included supporting people and staff to have a Flu vaccine and staff wore protective gloves and aprons when delivering personal care. Soiled laundry and other items were managed and washed safely. The kitchen had been awarded a rating of '5' by the Food Standards Agency, meaning the standard of food hygiene and safety was 'very good'.

Staffing and recruitment.

- ☐ People told us there were enough staff to help them. One person said, "I have a call button, I use it when I'm stuck and can't move, somebody [care staff] always comes quickly." A dependency tool was used to help determine correct staffing numbers and staff numbers and skills were reviewed as more people were admitted to the home.
- ☐ Staff recruitment records showed that appropriate checks took place to protect people from staff who may not be suitable. For example, employment histories were explored, references requested and a police

check completed.

Using medicines safely.

- ☐ People had access to medicines which had been prescribed for them. They were provided with the support they needed to take these. One person told us that in a previous care home the staff would run out of their medicine. They said, "Nothing like that happens here and I am confident it will not."
- ☐ Medicines were stored and managed safely by staff who had been trained to do this. Staff competencies in the administration of medicines were re-checked periodically.

Learning lessons when things go wrong.

- ☐ There were arrangements in place for staff to be able to reflect on and learn from their experiences or the feedback received. Opportunities for this to happen were included in staff supervision sessions, daily hand-over meetings and in the daily heads of department meetings.
- ☐ The provider operated a national alert system throughout all its services. Information about incidents, accidents and near misses was shared so learning could take place from these and action to avoid recurrences were consistently taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; ensuring consent to care and treatment in line with law and guidance.

- ☐ People's consent to move into Edwardstow Court was sought and their needs assessed prior to them moving in.
- ☐ People were supported to make independent decisions about their care and treatment needs and their choices and preferences were met.
- ☐ People received support which was in line with best practice standards and guidance. For example, the provider's admiral nurse (a specialist dementia care practitioner) was available to advise staff on the principles of the Mental Capacity Act 2005 (MCA) so that people unable to provide consent and make independent decisions were protected.
- ☐ The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- ☐ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was following the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ DoLS application procedures had been completed but these had yet to be reviewed by the local authority (the supervisory body). Decisions made on behalf of people had been made in line with good practice; a record was held of who was involved in this process and of the decisions made.

Staff support: induction, training, skills and experience.

- ☐ Staff were provided with support and training to carry out their roles safely. They completed induction training when they were first employed and attended regular update training, in relevant subjects, thereafter. Staff, new to care, completed the care certificate (a course designed to help staff learn about and deliver care to a recognised standard). Staff were provided with support sessions to discuss their learning and development needs.
- ☐ People and relatives commented on how knowledgeable and skilled staff were. One relative said, "I know that lots of staff have had dementia training; diversion and distraction training. I have watched them, they usually find a way." Another relative told us how well staff had looked after their relative following an operation. They said, "They were brilliant in their use of the hoist, they dealt with it very well."

Supporting people to eat and drink enough to maintain a balanced diet.

- People had a choice in what they ate and drank and when they had their meals. Most people had made a choice to eat their main meal of the day, during the early evening, so this had been accommodated. Food could be provided at other times of the day.
- People who required encouragement and support to eat and drink were provided with this. We observed staff saying, "Have you had enough to eat?" and "There you are [name] a nice cup of tea." People's likes and dislikes were known to the kitchen staff. One relative said, "The chefs here are wonderful; she (head chef) will cook anything for us and will often ask us what [relative] used to eat and what her favourites were."
- People's dietary needs were met, for example, the chef was aware that one person had been recently reviewed by a speech and language therapist. They were aware of the advice given and knew what texture the person's food needed to be to help them swallow safely and prevent choking. They were aware of who required additional calories to help maintain their weight and they provided the appropriate food to support this.
- People's nutritional risk was monitored and any concerns were referred to the person's GP for review.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- Staff liaised with other health and social care professionals to ensure people received the support they needed. For example, the registered manager communicated with hospital and community staff and carried out pre-admission assessments as quickly as possible to avoid delays in people accessing the support of the home.
- Staff supported people to attend health appointments and ensured necessary referrals to health professionals were followed through. One relative said of the home's staff, "They were brilliant at getting [name] back to Edwardstow after she had to go to hospital."
- Staff worked with various health professionals and agencies to ensure people's health needs were met. On a regular basis this included local community nurses and GPs. Staff appropriately referred to NHS 111 when people were poorly as well as the emergency services when required. People had been supported by NHS Rapid Response teams who can, sometimes, provide medical intervention in people's own home, avoiding potentially upsetting or unnecessary admission to hospital.

Adapting service, design, decoration to meet people's needs.

- The building was a newly constructed care home which offered adapted accommodation which met people's needs in a comfortable and homely environment.
- Some areas were themed providing support to people who lived with dementia to better orientate themselves and stimulation and interest to others. For example, a music space with an organ, guitar and small instruments such as bells and cymbals was decorated with music note wallpaper.
- People in wheelchairs could get about easily; slopes allowed easy access in and out of the building and the surrounding grounds. Automatic doors, wide corridors and doorways, a passenger lift, spacious communal and private accommodation and accessible light switches and call bells made life easier.
- On the ground-floor was a coffee/tea room and a hairdresser (open to the public). There was also a shop, which opened various hours, where people who lived at Edwardstow Court could purchase toiletries and confectionary.
- Call bells were in all areas to be used by people and visitors so assistance could be easily summoned.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- ☐ We observed staff exhibiting genuine kindness, concern and friendship towards people. People and their visitors were keen to praise the staff. They spoke highly of them without exception. One person said, "They've all got lots of halos here." People were keen to comment about staff individually, for example, "They have all been very helpful and caring and at night time [name] is lovely and [name] is also lovely and especially caring and thoughtful."
 - ☐ People had built up good relationships with the staff who looked after them. The deputy manager said, "We have developed a personalised approach to care." A 'whole team' approach was taken when supporting people's individual needs. For example, the maintenance person had got to know one person well and now contributed to this person's social well-being. They were both male and enjoyed talking about similar things.
 - ☐ People's individual preferences were respected. One person, satisfied with the support they received said, "The carers are always 'cooing' and 'fussing'; always coming in and asking if I need anything to be done." Another person said, "They leave me alone when I want to be alone, that is what I like."
- Supporting people to express their views and be involved in making decisions about their care.
- ☐ We observed staff supporting people to make choices and where people could do this independently, making sure their choices were met. Speaking with one person, they said, "I do have lots of choices, they do ask me at every opportunity what I'd like." Another person said, "It is like a very high class hotel, anything you want they get it for you. I must say I would give it 10 out of 10 here."
 - ☐ People's care was delivered in a person-centred way, meaning as and when it suited the person. One person had been in no rush to get dressed and had eaten their breakfast and remained in their night clothes and dressing gown until midday. The staff were at ease with this and respected the person's choice and we observed this person to be fully dressed in the early afternoon. Another person said, "I like getting up early, always have, I can't just sit in bed. I go to the Breakfast room at 8.30 and there is never anyone else there, there never is, they all get up later."

Respecting and promoting people's privacy, dignity and independence.

- ☐ People's right to their own private and family life, and to receive private correspondence, was respected. We observed staff knocking on people's bedroom doors before they entered and one person being asked if they needed help to open their post or if they would prefer it to be left in their bedroom for them later.
- ☐ People's dignity was maintained by staff addressing them by their preferred name, by staff providing their care in private and supporting their personal care choices. For example, what time to get up, retire to bed and what to wear.
- ☐ Opportunities to socialise were supported by the staff who were aware of the risk to older people of potential isolation and loneliness. One person said, "I get quite lonely in my room. The staff make various

suggestions on the things I could do."

- Those who mattered to people; friends and relatives could visit at any time and were made to feel welcomed. There were places for people to receive their visitors in private, apart from their bedroom. Two relatives commented on the homes coffee/tea room called the 'Cotswold Café' saying, "It was ideal for us, we could sit there for a couple of hours, it is light, it is airy, somewhere you could get away" and "The café/coffee room has been a real boon for us, we can sit in there and keep ourselves to ourselves."
- People were supported to retain their independence but provided with help when needed. One person said, "They leave you alone, or if you need them, then they respond, perfect." We observed a member of staff helping one person who used a wheelchair. They said, "Shall I push your chair or do you want to?" Another member of staff suggested they may help one person, who likes to organise their own business, when they realised the person was getting tired when trying to dial a telephone number which was constantly engaged. The member of staff completed the dialling task for the person and then handed the phone back to the person to manage.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ People were involved in deciding how their care needs were to be supported. Staff had discussed with people, or where appropriate, their representatives, their choices, life histories and what was important to them to help them personalise people's care.
- ☐ Care plans were in place recording people's needs. The service was reviewing the care plan format to ensure it always included comprehensive guidance for staff on how to meet people's needs. Staff knew people's individual needs and preferences well, there were enough experienced staff and care delivery was monitored, therefore people continued to receive person centred care whilst care plans were being reviewed.
- ☐ People's disabilities were understood by the staff who adjusted their support accordingly. One relative commented on how well the staff supported their relative's needs. They said, "The staff have all been wonderful and all sit with [name] as long as they can... even little things like knowing when to turn off the television or increasing or decreasing the volume." Another person had failing eyesight and restricted hearing and the care staff were aware of this. They said, "We make sure that we kneel down or sit beside [name] whenever we speak to [name]." They were aware that extraneous noise restricted the person's ability to hear and they said, "We try to make sure that there is limited background noise when we speak to her".
- ☐ People had opportunities to take part in activities which supported their social and mental well-being. Planned activities were advertised and included those decided on in 'resident meetings'. In January (2019) these had included trips to a garden centre, which three people went on one of the inspection days, a cream tea and a Greek themed evening which included experiencing Greek food. In addition, there were more informal activities such as quizzes, crosswords, balloon exercises and 'Film Club'.
- ☐ People had a choice as to whether they took part of not in the activities. On a regular basis a singing therapy group visited and sang songs with people. Nine people took part in this on one of the inspection days and clearly enjoyed themselves. One person said, "I can't read or hear too well but I enjoyed it much more than I thought I would." A member of staff had asked another person if they would like to attend. This person had declined saying, "I don't like the stuff they sing".

Improving care quality in response to complaints or concerns.

- ☐ Arrangements were in place for people, their relatives and other visitors to be able to raise a complaint. Information about complaints were recorded; date received, method of complaint, date acknowledged, investigation, conclusion and response.
- ☐ Records made it clear what elements of a complaint had been substantiated and what actions had followed to address these.
- ☐ Improvements following a complaint had for example, included further conversations about food choices and menus. Other areas identified as requiring further support was relative awareness of the Mental Capacity Act and people's rights when receiving care.

End of life care and support.

- Staff worked closely with people's GP and health professionals to plan people's care and symptom management when they neared the end of their life. This included ensuring medicines were available promptly to make people comfortable when required.
- A relative of a person nearing the end of their life spoke highly of the care and compassion shown to their relative and them. They said, "The carers all work together, whoever is on the team, they are good together; anything they do we trust, they are as sad as we are and so keen to do anything they can for [name] and for us."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Both the registered manager and deputy manager were involved in reviewing and monitoring the care people received. They were fully aware of people's risks and needs and how their staff met these.
- Person centred care was promoted by the managers. They discussed this care approach in staff meetings and when working alongside staff. It was at the core of everything and fundamental to how their vision for the home and values were shared.
- Senior staff had responsibilities for specific areas of care or practice, for example, one care assistant was also the 'falls lead'. These roles supported staff to deliver high-quality care.
- Managers promoted an open and transparent culture where staff felt comfortable to discuss their practice, challenge practices they may feel uncomfortable about and be honest and report any mistakes made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was not present during the inspection so the deputy manager explained to us how responsibilities were shared and delegated. Roles and responsibilities within the home's senior management team were clearly defined and understood.
- Managers attended a weekly 'governance' meeting to share information about their areas of responsibility and to review progress and discuss areas for on-going improvement. One such area for planned ongoing improvement was to upskill staff so they could independently formulate more personalised and comprehensive care plans. People's care was closely monitored whilst this work was being completed. Audit records showed that home managers completed the provider's planned quality monitoring process. They were aware of regulatory requirements; such as compliance with necessary regulations, submission of notifications and, once received, to display the home's awarded inspection rating by the Care Quality Commission (CQC).
- The provider completed additional monitoring checks and audits through area operation manager visits and by requesting regular manager reports and additional business related updates.
- Risks and challenges to the home were known to the managers and actions were in place to address these. For example, those related to commissioning a new service and ensuring new staff were provided with opportunities to increase their skills and knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- □ 'Resident' meetings gave people an opportunity to be involved with and contribute to the running of the home. The minutes of a 'resident' meeting in November 2018 showed that people had been involved in making the final decisions for a new menu, choosing future trips out and deciding on more themed food evenings. They had also been up dated on the progress of actions from the last meeting. This included improvements to how events/activities were advertised on each household, ideas for the home's newsletter and that a Vicar had been found to provide Holy Communion in the home.
- □ Staff meetings were held on a regular basis so that staff feedback and ideas could be explored. Staff felt valued and able to contribute to decisions made about the running of the home. One member of staff described both the registered manager and deputy manager as being "very approachable", "supportive" and "very encouraging with staffs' careers."
- □ The views of people who stayed for short periods of care (respite-care) were gathered at the end of their stay. We reviewed some of the feedback provided and this was all positive.
- □ Managers were keen for the home to become a valuable addition to the local community as well as wanting to provide people who lived in it with equal opportunities to become part of the wider community. There was an established and popular Friday Lunch Club; attended by older people of the local community. A regular coffee morning was also becoming popular. A relative said "The difference I find at Edwardstow is that all the staff get involved on a day to day basis and in a meaningful way, they are especially good and caring for outsiders and relatives too."
- □ Links had been made with local schools and a 'Toddler' group who visited people in the home on a regular basis. This supported a better awareness and understanding of intergenerational equality.

Continuous learning and improving care.

- □ Managers were keen to ensure people and their representatives felt able to provide feedback. They encouraged any form of feedback by being visible and approachable and used this as an opportunity to make improvements or changes to the service. One relative said, "If I have ever grumbled to them I have been listened to and action has always been taken."
- □ Observational monitoring by senior staff also identified areas for further learning or improvement. A check on people's 'dining experience' had identified the need for a pictorial menu for those who live with dementia and whose eyesight was poor. Action was being taken to organise a pictorial flip chart style menu to complement the written menus already on the dining room tables.

Working in partnership with others.

- □ Managers and senior staff communicated effectively with people's GPs, hospital and community nursing and care staff in order to avoid delays in people's admission to the home. For example, home managers completed pre-admission assessments and admission arrangements as soon as they could.
- □ Managers of Edwardstow Court worked in partnership with managers of another of the provider's care homes. This enabled the joint use of staff and, as the sister home provided nursing care, a place for Edwardstow Court's staff to gain further health related knowledge and skills.